STATE-TO-STATE BENCHMARKING

NASEMSO TRAUMA MANAGERS QI GOALS

2013 Goals & Strategic Direction

The Trauma Managers Council supports quality improvement under these principle goals:

- **Goal #1:** Using Data to Support Systems Benchmarking and Best Practices – As a component of the state health department, trauma managers are integral to the collection and analysis of comparative data (internal and external) to identify risks and trends, assist in education and injury prevention efforts, improve field care, and encourage and advance trauma systems nationwide.

GOAL #2

- **Goal #2:** Maintenance and Standardization of State Trauma Registries –Statewide trauma registries have proliferated in the last decade, suggesting that information could be aggregated to provide an accurate depiction of serious injury in the United States. In addition, data collection leads to better care for patients and enhanced injury prevention measures by providing effect feedback on injuries and mortality rates.

GOAL #3

- **Goal #3:** Funding – reduced reimbursement rates for hospitals and growing expectations of an evolving healthcare system demand focused efforts to reduce injury and improve care. The value of a comprehensive EMS system and inclusion, visibility, and integration of the state trauma program cannot be understated.

NASEMSO WESTERN STATES

- Alaska, American Samoa, Arizona, California, Colorado, Guam, Hawaii, Idaho, Montana, Nevada, New Mexico, Northern Mariana Islands, Oregon, Utah, Washington, Wyoming
- Goal: Determine common performance measures for state level system improvement and state-to-state benchmarking.
- Discussion on state performance improvement and measures initiated at Jan. 9th teleconference:
  - Idaho—infancy stage of developing trauma system
  - Utah—Outdated PI plan (2003), revising
  - Arizona—well developed PI plan
  - Colorado—currently developing PI plan
  - California—Broad plan; many measures
  - Montana

ARIZONA

State Initiatives:

- Reduce Emergency Department (ED) Dwell Time
  - Patients with an ED Disposition of “Transfer to Acute Care”: ED Exit Date/Time - ED/Hospital Arrival Date/Time
- Reduce the number of transfers after admissions
  - Patients who were admitted AND THEN HAD AN ED Disposition of Transfer
- Reduce the number of deaths occurring in non-trauma centers
  - Severely injured patients who went to a non-trauma center AND Died
- Increase hospital billing efficiency for trauma patients
  - Using trauma registry identify patients who had a trauma team activation AND arrived by ambulance VERSUS the number of times the 068X revenue was reported to the Hospital Discharge Database

CALIFORNIA

- 8 Pediatric Indicators
- EMS/Trauma/Pediatric Core Quality Measures: 28 total (includes stroke, MI, pain etc…)

<u>Trauma:</u>

- Success of the system in delivering the right patient to the right place at the right time.
  - The number and percent of patients with an ISS>8 that are delivered to a Trauma Center within 1 hour of injury

- Ability of Trauma Centers to operate on open and closed extremity fractures in a timely fashion
  - The number of patients with an extremity fracture and the proportion of those operated on within 3 days of admission for closed fractures and 8 hours for open fractures.

CALIFORNIA CONT.

- The mortality at each institution for the following cohorts of patients:
  - Patients with a brain injury of AIS 3 or greater and no other injury with AIS of 3 or greater.
  - Patients with an Emergency Department or field BP of less than 100 and who receive at least 1 blood transfusion in the first 6 hours of admission.
  - All patients with an AIS grade injury of 3 or greater in more than one system.
  - All patients for whom a transfer is requested and the number of those who are and are not successfully transferred to a Trauma Center.

- Next meeting April 10th to review each State's PI measures and determine several common indicators to benchmark.